

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3-31-98</u>		2 Serial/Patent # <u>08/554704</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input checked="" type="checkbox"/>	Amendment		7/6-97 \$ 292.00
<input checked="" type="checkbox"/>	Extension of Time		7/6-97 \$ 55.00
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>347.00</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/> No Fee Due (Explanation):		9 <u>06</u> -- <u>10</u> <u>50</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Gregg</u>		TITLE: <u>LE</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9616</u>	
OFFICE: <u>2700</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>[Signature]</u>		DATE: <u>4/3/98</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B